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ABSTRACT

The pamphlet presents an overview of child abuse, including definitions of child abuse and child neglect, causes and treatment processes, and legislation. Some basic approaches to treatment, prevention, and identification are described including the following: parent self-help groups, diagnostic teams, public education, and specialized training of professionals and volunteers. Brief Descriptions of the following programs are provided: the Panel for Family Living (Tacoma, Washington), Pro-Child (Arlington, Virginia), the Texas Public Information Campaign, the PACER project (St. Petersburg, Florida), Parental Stress Center (Pittsburgh), and the Child Abuse Intervention Program (Chicago). (IM)

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Child Abuse & Neglect:

Problems & Programs

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What is Child

An area of major concern with abuse is the distinction between abusive and disciplinary behavior. This fundamental distinction must be clear in order to employ child abuse policy or legislation.

From the beginning of time children were disciplined – either physically or verbally in order to teach them acceptable behavior. The Puritanical influence on our culture encouraged a more severe type of discipline to flourish in our society. Today most researchers agree that the point where discipline ends and abuse begins is where "discipline" is not administered to either restrain or to correct a child but to satisfy parental needs. Discipline produces no permanent damage, is applied in a moderate manner and degree, and is not reckless. If any one of these conditions is unsatisfied, abuse has occurred.

David Gil in *Violence Against Children* further clarifies the definitional problem by emphasizing that ambiguity is minimized when physical abuse is based on the "behavior of perpetrators rather than on the variable consequence of such behavior."

Gil goes on to report that his study on the attitudes and opinions about abuse shows that our society generally accepts physical force against children as a respectable form of discipline. This premise justifies violence against children and

Abuse?

so long as it remains a part of our culture, Gil contends that it will be quite difficult to develop clear sanctions against unacceptable "violence" and that which society accepts. In his book, Gil suggests other methods of discipline and provides means to change the cultural fabric which condones violence, emphasizing, of course, that it is a slow process.

All fifty states have laws against child abuse. Each of these laws manifest varying definitions of physical abuse. Essentially, however, they include incidents of intentional, nonaccidental use of physical force or of omission by a parent or other person responsible for the child's care aimed at hurting or destroying that child.

Note that intentional, nonaccidental force aimed at hurting or destroying a child cannot be construed as discipline.

Other forms of abuse include emotional and sexual abuse.

Emotional abuse occurs when a child is constantly subjected to criticism and is rarely praised for achievements. This child is often denounced as a bad person. For example, one family in Texas required a child to wash her clothes separately so that she would not contaminate the rest of the family. Such behavior critically lowers a child's self-esteem and is crippling to that child's emotional growth.

Emotional abuse is very difficult to define and to "prove." Concerned professionals, however, have little difficulty identifying these children from such visible symptoms as hyperactivity, withdrawal, overeating, nervous skin disorders, psychosomatic complaints, failure to thrive, stuttering, suicidal attempts, truancy, aggressiveness, and overprotection.

Sexual abuse is loosely defined as an aggressive sexual act made against a child who may or may not be a willing partner. Such acts include anything from intercourse, incest, sodomy, carnal abuse to "impairing a minor's morals."

In most states sexual abuse of children is a felony. As a result, professionals are required to report these cases immediately to the proper authorities. This action does not preclude treatment. If the report is made and cooperation achieved between the agency and the legal officials, many times treatment can be successful.

However, because of the liabilities involved, sexual abuse is the most difficult form of abuse to treat and has the highest recidivism rate (41%).

What is Child Neglect?

Even more prevalent and more difficult to define is child neglect. Again the states have laws which differ; but again most provide basic parameters for identifying incidents.

Child neglect encompasses two distinct areas: 1) community neglect and 2) parental neglect.

Parents cannot be held responsible for poverty or ignorance. When they are unable to provide their children with adequate food or clothing because of such mitigating conditions, this is community neglect.

However when parents deliberately deprive their children of the basic fundamentals for healthy growth, this is parental neglect.

Norman Polansky defines neglect in *Profiles of Neglect* as a condition whereby a person responsible for the child "either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capabilities."

A child may be neglected either by his parents or by the community when he is malnourished; does not receive adequate immunizations or medical and dental care; is improperly clothed; does not attend school regularly; is abandoned; resides in filthy conditions or has inadequate shelter; is left without supervision; and is exposed to a constant atmosphere of discord within his home.

Causes

What factors cause an adult to deliberately mistreat or ignore the needs of his child? Why is it that some adults manifest abusive or neglectful behavior while others, appearing in equally intolerable circumstances, are loving, thoughtful parents?

The causes of abuse and neglect are far-reaching. The myths that someone had to be deranged, retarded, poor or black before he would resort to abuse or neglect are now recognized as false. Abusive or neglectful parents are special persons but cross all social, ethnic and racial classes.

Only 10 percent of the reported abuse and neglect cases involve perpetrators who are psychotic or who suffer from severe behavioral disorders. It is with the remaining 90 percent, where prognosis is good, that successful treatment is possible. These parents do not manifest severe personality disorders but instead experience unusual circumstances coupled with characteristic behavioral problems which together result in a potential toward abuse or neglect.

Abusers suffer from all sorts of environmental and social problems. Some experience marital difficulties and see the children as adding to the marital stress. Others experience severe economic difficulties. They can scarcely feed themselves let alone their children. Again, the children are seen as burdensome. Still others support narcotic or alcoholic addictions and neglect the child in order to nourish the habit or abuse the child in order to relieve their own feelings of self-disgust. These problems are not necessarily characteristic causes for abuse but augment the stressful situation in which abuse occurs.

Various environmental and social stresses act in combination with the parental "potential" to abuse his child. Alexander Zaphiris, a noted authority on abuse and neglect, describes the parent as an immature individual with a very low sense of self-esteem and someone who is very isolated, hostile and distrustful. These persons neither understand children nor are aware of the normal stages of child development.

Often, although not necessarily, these parents were abused or neglected as children. In any event, they never learned how to handle children. Neither their parents nor their communities taught them basic parenting skills which include the various needs of children at certain ages and the fundamental nutritional and hygienic needs of children and families.

Because these parents were never taught what to expect, they are as much victims as are the children. They are victims of a negligent society. They obviously use the only skills they know – those taught them by their deficient parents. They know of no other way to handle the children.

Moreover the low senses of self-esteem, which is manifest in the greater majority of these parents, cause them to project their worthless self-images on their children and to remain isolated from the very supportive services they need. They become easily frustrated with the everyday stresses they face and use the children as outlets for this frustration.

In addition to the parental potential combined with environmental stress, C. Henry Kempe, noted pediatrician and pioneer researcher in child abuse and neglect, identifies two other components for abuse or neglect, namely the child and the crisis.

The crisis as was mentioned earlier can be any everyday occurrence. It may be a dirty diaper, spilt milk or an automobile accident – it need not be serious. However, there must be some crisis to trigger the abuse.

Obviously without the child there can be no child abuse. However, some children are more prone to abuse than others. They misbehave deliberately and tend to dare the parent to react. Other children because of birth defects or prematurity

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I felt enclosed and alone with this panic, while my husband left me behind and went on with life. . . I couldn't have patience with my baby, I force fed him when he wasn't eating those feedings. I saw myself already making every sacrifice to this selfish person. So when I was taking my time to spoon in the food, the very least he could do was hurry and eat! My impatience would start him crying, and that made me mad so I slapped him. "There now, you've got a reason to cry!"

I felt he was determined to make my life miserable. My life growing up had been pretty miserable. Not what I immediately recognized as abusive, but when parents fight violently all the time, it's hard on a kid. And after eight years married and away from a miserable way of life, I was in a panic when I saw what my negative feelings toward the baby were doing to my happiness and my marriage.

I hated my baby for his unreasonable crying. I hated myself for being mean to a helpless child. And I hated the child for bringing out these feelings in me.

Vallie
Parents Anonymous *Frontiers*

Child abuse and neglect are not recent phenomena. Children have experienced one form or another for many centuries. As far back as the Code of Hammurabi, 4000 years ago, there were sanctions against certain abusive behaviors.

Modern society as we know it does not escape these social diseases. Rather, we find them neatly woven in the social system condoning violence against children for the sake of discipline, preserving the mystique of the family unit, neglecting the plight of the poor and so on. Only through special effort and attention will we begin to approach a world where abuse and neglect do not thrive.

The first effort is to learn. We all must learn what child abuse and neglect are, how to identify the problems, the legal implications, the causes and the methods for treatment. Such knowledge is incumbent upon us if we are to become an integral part of the effort to intervene and to break the deadly cycle associated with abuse and neglect.

Although child abuse and neglect are not new phenomena, it was not until 1946 as a result of Dr. John Caffey's findings that the medical profession was forced to openly recognize that certain injuries suffered by children were not the result of accidents but could have only occurred from intentional abuse. Since that time there has been steady progress. Many professionals including radiologists, pediatricians, psychologists, and social workers, are now looking at these injuries with more scrutiny in order to uncover the causes.

Today child abuse and neglect are recognized as national problems. Dr. Vincent Fontana maintains that "it is probably the most leading cause of death among children today, outnumbering those due to any infectious disease..."

The Child Abuse Prevention and Treatment Act passed in 1974 placed for the first time national emphasis on these problems. This act established a federal office, The National Center on Child Abuse and Neglect, to oversee and to promote activities designed to prevent child abuse and neglect by learning the true incidence and by pinpointing successful methods for coping with these families. This Center is funding innovative, demonstration programs and resource centers throughout the country. In addition it is designing printed and audio-visual materials for training professionals, creating public awareness and the like.

All these efforts do not preclude the ever-climbing number of children who are abused and/or neglected each year. In 1975 purportedly one million children suffered from abuse or neglect. These numbers, however, do not reach the true incidence. Many children suffer and go unnoticed and unreported.

Why? The problems span all areas. There exist definitional confusion, reporting inadequacies, service delivery limitations, legal snags, ineffective treatment modalities, fragmented community resources, public and professional ignorance.

This pamphlet will examine some of these problems and then look at some of the successful programs now operating.

are more readily abused or neglected. Sometimes the child reminds the parent of someone distasteful (often the self or the spouse) and this identification triggers abuse. The child is a very active ingredient to the abusive act and should not be ignored as a mere victim; otherwise, you may see him abused again in his substitute setting.

To amplify the child's contribution to abuse, in Gil's analysis of the causal context he noted that "persistant behavior atypical of child" and "misconduct of child" were marked as attributing to abuse in 46 percent of the cases.

Treatment

As with any social problem child abuse and neglect are multifaceted. Not only does the child require protection but also the parent requires special services in order not to repeat the behavior. Child abuse and neglect are problems which affect the entire family; therefore, treatment must focus on familial needs rather than the needs of one or two specific family members.

Because of the multiple nature of the phenomena and the various situations and crises involved, professionals from several areas are required to assist the treatment process.

Dr. Ray Helfer in *The Diagnostic Process and Treatment Program* describes a team approach with a community or hospital based team. This team comprises a protective service worker, hospital social worker, pediatrician, public health

nurse, psychologist, attorney and law enforcement officer. The overriding purpose of the team is to mobilize community resources in a manner which will best serve the family's well-being. Such teams are evolving throughout the country.

Without adequate supportive resources in adjunct to these teams, little can be accomplished. Several teams employ such resources as homemaker services, parent aides, day care facilities, medical and mental health services, vocational and economic counseling. A system of supportive resources coordinated by a multidisciplinary team not only deals with the immediate problem but also creates a mechanism for prevention.

Another aspect of the treatment process is the parental training approach. Often parents have no bases for rearing their children nor for adjusting to the various stages of child development. These skills must be taught and are best applied during the early high school or college years. For parents already abusing or neglecting the children, the skills for parenting and for understanding the children's needs may be taught by trained social workers or public health nurses.

Treating the abusive family is not a simple task. The parents are often very isolated, hostile, and suspicious. They are fearful for themselves and of losing their children. It is the responsibility of trained professionals to achieve an atmosphere conducive to treatment.

The focus of treatment should be on the positive functioning and on the needs of the family. Treatment must be nonaccusatory but firm. Alexander Zaphiris instructs protective service workers to be "firm, consistent, accept the person not the behavior, completely honest, and frank."

In order to best treat an abusing parent, remember the

dynamics which cause abuse, try to understand why this parent felt compelled to hurt his child and then call on the support of the community resources in order to show the parent that you want to help not to hurt.

The first major effort to enact laws for protecting children was in 1962 when a group of professionals informally drafted a model child abuse reporting statute. This model statute was prepared by the U.S. Children's Bureau. Later, in

1963 the American Humane Association issued a second set of guidelines concerning mandatory reporting of child abuse. Both documents indicated procedures for reporting, for persons mandated to report and for agencies designated to receive reports.

These models, although contested by such organizations as the American Medical Association, became the impetus for legislating a mandatory child abuse reporting law in each state by 1967. These state laws varied in such areas as age of child to be reported, recipients of reports, persons mandated to report, protections to reporting sources, and conditions requiring reports.

In 1974 the 93rd Congress enacted the Child Abuse Prevention and Treatment Act. This act was passed in order to support demonstration programs for treatment, prevention and identification of child abuse and neglect. Subsequently, the diversified state laws had to readjust their provisions in order to comply with this new law.

The Act included a broad definition of child abuse and neglect and required all persons to report cases whether confirmed or suspected. There were also provisions for immunity for reporting sources, confidentiality of records, immediate investigation, and representation for the child (guardian ad litem). These provisions provided the uniformity thats absence heretofore precluded adequate response to abuse and neglect under the state laws.

Even with this monumental law and with it the creation of the National Center on Child Abuse and Neglect, there was confusion. Questions remained as to the rights of parents versus children, the sanctions for nonreporting, the methods of treatment and intervention once a case is reported and con-

firmed, and finally, the means to achieve the intent of the law -- prevent, identify and treat child abuse.

Today, there is still diversion among the states. Some have penalties for not reporting; others specify who is to report including only professionals; some provide guardian ad litem attornies while others use paralegals. Nonetheless in the few years following the first attempt at model legislation, efforts to prevent child abuse and neglect have "come a long way" and with increasing public and legal awareness continue to promise a steady upward climb.

Innovative Efforts to Treat, Prevent, & Identify

As this brief overview suggests, the problems of child abuse and neglect are all-encompassing. The means to treat, prevent and identify abuse and neglect are molded to fit the needs of the different communities. There are, however, sev-

eral basic approaches which are manifest in one form or another within several programs.

1. The family is the focal point of treatment. The parent is not ridiculed or accused but rather helped by therapy and community services. There are parent aides, self-help groups, parenting courses and so on. Children are not removed from their homes unless they face impending danger.

2. Multidisciplinary diagnostic teams function as the central force for case management. These teams are either hospital or community based, and they include members from the various community service agencies.

3. There is an emphasis on public education. Volunteer speakers, pamphlets, brochures, and television spots, are the predominant methods for communication with the public. This public education stresses a nonpunitive approach to child abuse and informs the community about how to help and where to turn during times of crisis.

4. Professionals are trained to identify and to report abuse. This training is provided either through speaking during professional gatherings or through specialized training curricula. Both approaches are directed primarily to protective service workers, teachers, or physicians.

5. Volunteers or lay therapists are trained to assist specific areas of protective services. Lay therapists often serve as parental aides or friends of the parents and are always there to listen and to show compassion. Quite often this person serves as the only real "friend" that parent has ever had. Building up a trust relationship is a slow process but several communities have adequately trained these therapists and have thereby developed a very successful program.

   Volunteers often serve as homemakers and sometimes as surrogate parents to the child. The homemakers go into the home and help the parent overcome some basic household or child caring difficulties. They may serve as babysitters in order to allow the parent some time away from the child or, as in some instances, take the children on outings so that the parent will have some free time at home.

   These two functionaries – lay therapists who are paid, and volunteers who are nonpaid, often differ only with respect to the method of payment. Frequently, their services overlap. In any event they provide the family with some of the support systems formerly derived within extended family life situations.

Tacoma, Washington

The *Fanel for Family Living* is a private, nonprofit organization funded by a grant from the Office of Child Development (OCD).

Comprising several of the foregoing components, this organization provides services to parents and increases community awareness.

Services to keep the family intact include:

1. Parenting education with an 8 to 10 week course on child development,

2. Group therapy using professional leaders who conduct sessions for abusive or high-risk parents,

3. Parent aides who are volunteer workers and who serve as friends to the parent, providing whatever services that parent may need . . . from homemaker to babysitter to parent educator.

Multidisciplinary teams provide the diagnostic function. They also give consultation to community service agencies and act as a liaison from the Panel to the community.

Public education is accomplished in two ways. Public group seminars are held within the community and speakers are available to address certain gatherings. In addition a library of books and films is available for public and private use.

Pro-Child in Arlington, Virginia

This model program funded by OCD is designed to identify, diagnose and treat abused and neglected children and their families. This demonstration project includes all the components mentioned and adds others.

Public education stresses increasing public awareness. Professionals discuss methods of detection with an emphasis on protecting and caring for the child.

There are training programs for physicians focusing primarily on their legal responsibility to report cases of abuse and neglect.

A multidisciplinary team provides diagnostic and consultative services. This team coordinates the referral and case management process.

Therapy programs strive to maintain the family. Parent aides help the family adjust to everyday crises and provide babysitter and homemaker services. There are group counseling services for parents and day care residential homes for the children. An interesting component is the "foster homes" for the mother and the child. Basically the mother and child go into a home and together learn how to overcome their problems.

Services are coordinated through a confidential local registry which enables the project staff to identify abusers and to activate the network of services.

Public Awareness in Texas

The *Texas Public Information Campaign* is an effective statewide model for informing the public about abuse and neglect.

Although the primary goal is to increase reporting, there are services to back up the reporting mechanism.

The methods of mass communication include television and radio spots, items in the daily press, distribution of leaflets, phone stickers and posters. The campaign goal is not only to inform the public but also to educate them and to generate concern.

In addition to the above activities the campaign creates audio-visual materials for professional training and operates a 24-hour hotline. The theme is "Lift-A-Finger, Report Child Abuse."

New Developments in St. Petersburg

PACER is an NCCAN funded demonstration project organized by the local juvenile welfare board. This project, dy-

namic in approach, wields innovative techniques for creating awareness and prevention through training.

In addition to comprehensive community educational programs with T.V. spots, brochures, and bumper stickers, PACER promotes professional awareness for physicians, teachers and protective service workers.

Child Trauma Teams are hospital based and provide the coordinating community impetus to mobilize resources for the family and establish case management.

Therapy includes volunteer parent aides and self-help parent anonymous groups. These groups are coordinated by trained professionals and enable abusing or high-risk parents to openly discuss their problems.

A fresh approach to prevention is the *New Parent Information Service* which aims to identify high-risk families. New parents are randomly selected from the newspaper during four high-birth months each year. These parents are interviewed by telephone and in the home. They also receive packets of educational material dealing with parenting skills and child development. Those families in need of services are immediately referred.

The *Law Intern Program* successfully coordinates the court and service functions. Law students gather material for the State Attorney for use in proceedings involving contested dependency cases. Two outcomes of this program are the exchange of information between the areas of legal and protective services and the increased use of service intervention rather than removal.

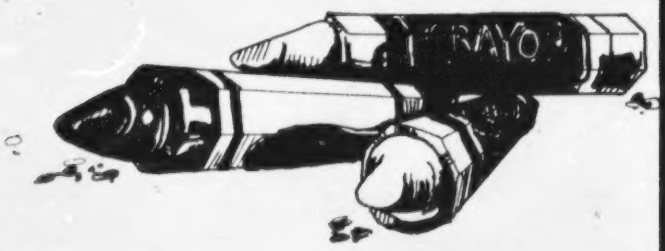
Helping Parents in Pittsburgh

The *Parental Stress Center* is an NCCAN funded pilot program which cooperates jointly with the Children's Hospital, child welfare services, juvenile court, Children's Home of Pittsburgh and the Pittsburgh Guidance Center.

This Center provides an adjunctive service to the courts by establishing more sound criteria for legal intervention and for case disposition.

Public and professional education is conducted through a four-week 12-hour session of slides and dramatic presentations. This training is intensive and aims to create heightened understanding and collaborative efforts.

The Center houses a residential service where high-risk infants reside for three months. The parents interact with the infants four hours daily. The therapy deals with the parent's ability to act as a caretaker. Social workers, nurse clinicians, and parental aides help the parent overcome the child caring deficiencies.



Active Nurses in Chicago

The *Child Abuse Intervention Program* of the Visiting Nurse Association provides direct services to families who show signs of child abuse.

Nurse therapists are trained to cope with the dynamics of families who abuse or neglect their children. Only one therapist works with each family in order to provide service consistency.

Therapy includes parent aide programs and self-help parent anonymous groups. The nurse becomes a "friend to the family" on whom the parents can depend but also from whom they learn effective parenting skills.

A resource team is available to the nurse therapist to provide consultation and referral for more difficult cases.

The Visiting Nurses Association conducts community wide training and meets with local agencies in order to stimulate referral sources.

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